

A STUDY ON KUMBAVAADHAM

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PROTOCOL
“A STUDY TO DIAGNOSE KUMBA VAATHAM THROUGH SIDDHA
DIAGNOSTIC METHODOLOGY”

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1. BACKGROUND

KUMBA VAATHAM

Kumba Vaatham is one of the vali disease in which the vali humour is abnormally changed.

According to the literature Yugi Vaithiya Sinthamani, Kumba Vaatham has been mentioned as.

நவிலவே தோள்மீதுங் கரத்தின் மீதும்
நலிந்து மெத்த வாகியே நோவுண் டாகும்.
கவிலவே கன்னமொடு நயனந் தானும்
கடுத்துமே விறுவிறுப்பு மெரிவுங் காணும்
துவிலவே துடிப்பாகுஞ் சிரசு தன்னிற்
சுழற்றியே நாபிக்கீழ் வலியுமுண்டாய்
அவிலவே யடிநாக்கி லழன்று காணும்
அலருமே வருகும்ப வாதந் தானே”

- பாடல் எண்.264

Kumba vaatham shows symptoms such as pain in the shoulder radiating to the upper arm, Decrease the tonicity of muscles in the shoulder joint and upper arm, boring Pain and twitching in the cheek and peri orbital area, , Giddiness, Pain occur below the pelvis and pain in the Tongue .

2. AIMS

a) Primary Aim

To diagnose the Kumba Vaatham through Envagai Thervu along with abnormalities of Mukkutram and Udal thathukkal.

b) Secondary Aim

To evaluate the etiology, Pathology and to analyse the state of curability in Kumba Vaatham through Nilam, Kaalam, Naadi, Neerkkuri, Neikkuri, Sothidam and Manikadai Nool.

3. Population and Sample

Kumba Vaatham (as explained above the poem) patients, satisfying the inclusion and exclusion criteria mentioned below.

The sample consist of Kumba Vaatham patients attending the O.P.departemnt of Govt. Siddha Medical College, Palayamkottai under the guidance of faculties and Head of the Department of Post graduate, Noi Naadal Department.

4. SAMPLE SIZE

A sample size of 50 patients will be taken for detailed study.

5. INCLUSION CRITERIA

Pain in the shoulder and upper arm

Age above 40 years with Madhu megam

Willing to give blood and Urine specimen for Investigation whenever required.

6. EXCLUSION CRITERIA

Segana Vaatham (pain radiating from cervical region)

Azhal Keel vayu,

7. CONDUCT

Kumba Vaatham patients satisfying the inclusion and exclusion criteria will be included in this study. Envagai thervu, age, Naadi, Neerkkuri, Neikkuri, Sothidam and Manikkadai Nool of the patients will be noted.

8. FORM

Form – Diagnostic proforma for Kumba Vaatham

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Introduction

INTRODUCTION

Health is Wealth. The New millennium has shown numerous disorders that are due to the changes in the atmosphere, diet and life style. This factors causes serious disorders like cancer and Aids etc. The world is turning towards our indigenous medicine.

Siddha system is very ancient system given by the supremo siddhars. The Siddha system has been purely associated with philosophy and as such is evidently based on truth.

Siddha system of medicine is well defined science, for diagnosing and curing diseases. Siddhars had unparallel knowledge in Mukkutra Verupadugal (Pathology). It is a medical science comprised all kinds of science such as Alchemy, Yoga, philosophy, Astrology etc.

The siddha system spells out the nature and man are essentially one and the same man is part of the universal nature.

The universe is called macrocosm (Andam) and the human body is considered as the microcosm (pindam). If there is any change in the macrocosm will have its impact in the microcosm (human body). This can be understood as the verse follows.

“அண்டத்திலுள்ளதே பிண்டம்
பிண்டத்திலுள்ளதே அண்டம்
அண்டமும் பிண்டமும் ஒன்றே
அறிந்து தான் பார்க்கும் போதே”

- சட்டமுனி

Both macrocosm and microcosm are formed by the basic five elements (panchapoothangal). This five elements combined to form the three thatus as its basis namely Vatham, Pitham and Kapham.

Vatham – Air + Sky

Pitham – Fire

Kabam – Water + Earth

Even among theses three, Vatham is placed first. It can be proved by the following lines.

“வாதமலாது மேனி கெடாது”

There is a general assumption that there are 80 vatha disease, 40 pitha disease, and 21 Kapha diseases. The ratio between these humours are 1 : ½ : ¼ . This is cleared as by

“மெய்யளவு வாதமொன்று

மேல் பித்த மோரரையாம்

ஐயங்காலென்றே அறி”

- கண்ணுசாமியம்

The three thosas are important factors to be considered in health and diseases. When these are in normal condition that health and vitality are maintained. If these are either increased or decreased, then starts the trouble resulting in disease. This is known as the following verses.

“மிகினும் குறையினும் நோய் செய்யும் நூலோர்

வளிமுதலா எண்ணிய மூன்று”

- திருக்குறள்

These alterations can be changed by proper diets including a proper ratio of the six tastes that arise from the five poothams.

இனிப்பு	-	மண் + நீர்
புளிப்பு	-	மண் + தீ
உப்பு	-	நீர் + தீ
கைப்பு	-	வளி + விண்
கார்ப்பு	-	வளி + தீ
துவர்ப்பு	-	மண் + வளி

In our siddha system the disease are classified in 4,448 types diagnosed by the following.

- 1.Three thosha theory
- 2.Five elemental principles
- 3.Seven Udal Kattugal
- 4.Envagai thervugal including Neerkuri and Neikuri

This diagnostic method forms the more essential and interesting.

“நோய் நாடி நோய் முதனாடியது தணிக்கும்
வாய்நாடி வாய்ப்பச் செயல்”

“உற்றானளவும் பிணியளவுங் காலமுங்
கற்றான் கருதிச் செயல்”

If we do not have an idea about and exact diagnosis with a clear understanding of its aetiology, signs and symptoms, pathogenesis, cannot give proper treatment. Hence a sound knowledge of Noinaadal is essential to formulate the correct therapeutic measures by the way of modern parameters.

The said above reasons prove that Noi naadal has an exclusively unique place in the siddha system.

For the dissertation work the author selected the disease “Kumba Vaatham” is one of the vaadha disease. His evidence of proof for this disease has been studied by Yugi Munivar in his literature “Vaithiya Sinthamani 800”.

I have done this work on the way of such scientific views of Kumbavaatham are screened and clinically assessed under the post graduate department of the Noi naadal. I humbly contribute this work to the glory of the holy system of pathology.

SIDDHA PHYSIOLOGY

In Siddha system, the physiology involves 96 Basic factors, seven udal thathukkal, 14 vegams, 6 suvaigal, 3 immunities, and four body fires.

Pancha Bhootha Theory

There are 5 elements or Bhoothams, the Ether, Air, Fire, Water, Earth in universe. They are the original base of all the corporeal things which when die out or destroyed, resolve themselves again into elements. They have very close and intimate connections between the external world and internal man. Pancha Bhootha Panchakaranam denotes the union of microsomal elements (Sukkuma body – invisible) to form macrosomal elements (thula body – visible)

“நிலம் நீர்தீவளி விசும் போடைந்தும்

கலந்த மயக்க முலகம்”

- பதினென்சித்தர் நாடி

Human body as made up of 2 kinds of bodies

- i. Sthula Sariram (Visible body)
- ii. Sukkuma Sariram (invisible body)

Sthula Sariram includes,

Bones. Muscles, Blood Vessels, Nerves and all functional system of human body. It is known as functional units of body.

Sukkuma Sariram,

This is the basic for the Sthula Sariram. It makes the Sthula Sariram to be active.

The universe is made up of five basic elements called.

Earth (Prthivi)	-	மண்
Water (Appu)	-	நீர்
Fire (theyu)	-	தீ
Air (Vayu)	-	காற்று
Space (Aagayam)	-	விண்

As we said before the human body is also made up of these five basic elements.

The basic elements exists in two forms

- i. Sthula form (பருவ நிலை) - Recognized by our sense
- ii. Sukkuma form (நுண்நிலை) - Not recognized by our senses

Physiology → Basic process underlying the functioning of the species.

Pancha Poothas

Earth	-	மண்
Water	-	நீர்
Fire	-	தீ
Air	-	காற்று
Space	-	விண்

These five elements contribute our whole body structure and function.

I. 96 BASIC FACTORS

“உறுதியாம் பூதாதி யோரைந்தாகும்

.....

.....

உறுதியாம் பூதாதி யுரைக்கக் கேளே”

96 Thathuvangal consists of

1. External Thathuvas (Sthula Sariram)
2. Internal Thathuvas (Sukkuma Sariram)

1. EXTERNAL THATHUVAS

i. Gnanaenthiriyam (5)

(Five sense organs)

Ear

Nose

Body

Eye

Tongue

ii. Pori (5)

Functions of the five sense organs

Hearing

Touch

Vision

Smell

Taste

iii. Kanmaenthriyam (5)

(Functional Organs)

Mouth

Leg

Arm

Anus

Genital

iv. Kanmavidayam

(Functions of Kanmaenthriyam)

Speech

Movements through legs

Flexion and extension of arm

Daefication

Evacuations of semen and ovum and contributes coitus.

INTERNAL THATHUVAS

- i. Anthakaranam – 4
- ii. Arivu – 1
- iii. Naadi – 10
- iv. Vayu – 10
- v. Aasayam – 5
- vi. Kosam – 5
- vii. Aadharam - 6
- viii. Mandalam – 3
- ix. Thodam – 3
- x. Malam – 3
- xi. Edanai – 3
- xii. Gunam – 3
- xiii. Vinai – 2
- xiv. Raagam – 8
- xv. Avathai – 5

UYIRTHATHUKKAL

Vaatham

Location

Vali lives in

- 1.Abaanan
- 2.Edakalai
- 3.Kamakodi
- 4.Undhiyin keezh moolam
- 5.Hip region
- 6.Bones
- 7.Muscles
- 8.Nerves
- 9.Joints
- 10.Skin
- 11.Hair follicles
- 12.Stools

Functions of Vaatham

Giving briskness

Respiration

Functioning of the body and mind

Regulation of the fourteen organs

Functioning of the seven Udal Kattugal

Protection and strengthening of the five sensory organs

Vaatham is of 10 types

- 1.Praanam
- 2.Abaanan
- 3.Uthaanan
- 4.Viyaanan
- 5.Samaanan

- 6.Naagan
- 7.Koorman
- 8.Kirukaran
- 9.Devathathan
- 10.Thananjeyan

Among the divisions of Vaatham, first five play an important role in the physical actions, necessary for the preservation of the physical body.

Praanan

It regulates the respiratory system and helps the digestive system.

Abaanan

It helps to excrete the motion and urine, stools, sperms, menstrual flow etc. It controls the sphincter action of the anus

Viyaanan

It helps in the movement of various parts of the body responsible for sensation. It helps for getting energy from the food.

Uthaanan

It regulates the higher functions of brain like speech. It is responsible for the physiological reflex action like vomiting, Hiccough, laugh, sneezing etc.

Samaanan

When any one of the other vayus is affected, the samanana also affected. It helps in the proper digestion etc. Dry balancing of the other vayus, tastes water and food.

Naagan

This vayu is responsible for intelligence. It promotes good characters. It helps for opening and closure of the eyes and hair raising.

Koorman

It is responsible for closure of the eyes, yawning. It helps to see all the things of the world. It have the action falling tears from the eyes.

Kirukaran

It is responsible for the saliva secretion in the oral cavity and mucous secretion in the nasal cavity. It helps to do meditation and produces cough and sneeze.

Devatitathan

It responsible for laziness, rotate eye balls in various direction. It is responsible for unwanted characters like quarreling, angry, argening and begging.

Thananjeyan

It produces swelling all over the body, roaring sensation like see in the eyes. It leaves from the body by lowing of the cranium only on the third day after death .

Pitham

It is the representation of thee pootham.

Location of Pitham

Pinkalai

Piramavayu

Moolakim

Urinary bladder

Heart

Head

Umblicus

Stomach

Sweat

Saliva

Blood

Saaram

Eye

Skin

Functions of the pitham

It governs digestion, heat, visual perception, hunger, thirst, luster, complexion, understanding, intelligence, courage and softness of the body also governs all aspects and levels to light and warmth in the body and mind. Pitham is classified in to 5 depending upon its location and function.

Anar Pitham

It is responsible for digestion of food.

Ranjaga Pitham

It is responsible for the colour and contents of the blood.

Saathaga Pitham

It accomplishes the acts that are wished to be done.

Praasaga Pitham

It resides in the skin and is responsible for its shine, texture and complexion.

Aalosaga Pitham

It is responsible for vision.

Kabam

It is representation of Appu and piruthuvi pootham

Location of Kabam

Samana Vayu

Suli munai

Venneer

Aaakkinai

Tongue

Uvla

Fat

Bone marrow

Blood

Nose

Chest

Nerves

Bone

Brain

Eye

Joint

Functions of Kabam

It gives stability, lubrication, holding, together of the joints and support of the other two humors.

According to its location and function, Kabam is classified into five types. They are

Avalambagam

It resides in the lungs and is responsible for the basic functions of the heart and other four kabams.

Kilethagam

It present in the stomach and helps for digestion.

Pothagam

It is located in the tongue as Saliva and it responsible for the sense of taste.

Tharpagam

It is located in the head as cerebrospinal fluid keeps the eye cool

Santhigam

Located in joints as synovial fluid and responsible for free movements of the joints.

II. UDAL THATHUKKAL

Udal thathukkal maintain the functions of different organs, systems and vital parts of the body. They play a very important role in the development and nourishment of the body. When one thathu is defective, it affects the successive thathus. Each thathu receives its nourishment from the previous thathu.

1. Saaram (chyle)

Contains nutrients from digested food and nourishes all the tissues, organs and system. It is responsible for growth and development.

2. Senneer (Blood)

It is responsible for the nourishment and strength of the body.

3. Oon (Muscle)

Shapes the body and its organs

4. Kozhuppu (Fat)

Maintains the lubrication of all tissues and gives energy to the body

5. Enbu (Bone)

Gives support to the body structure and a fundamental requirement for posture, movement of the body.

6. Moozhai (Bone marrow)

Fill up the bone spaces. It nourishes the bones and imparts strength.

7. Sukkilam or Suronitham

It is responsible for reproduction.

III. VEHANGAL

The natural reflexes, excretions protective and preventive mechanisms are called the vehangal.

“பதினான்கு வேகப் பெயர்கள்
பகர்ந்திட அவற்றைக் கேளாய்
விதித்திடும் வாதந்தும்மல்
மேவுநீர் மலங்கொட்டாவி
கதித்திடு பசிநீர்வேட்கை
காசமோடிளைப்பு நித்திரை
மதித்திடு வாந்தி கண்ணீர்
வளர் சுக்லஞ் சுவாசமாமே”

1. Vaatham (Abanavayu)
2. Thummal (Sneezing)
3. Siruneer (Urine)
4. Malam (Stool)
5. Kottaavi (Yawning)
6. Pasi (Hungry)
7. Neervetgai (Thirsty)
8. Kaasam (Erumal)

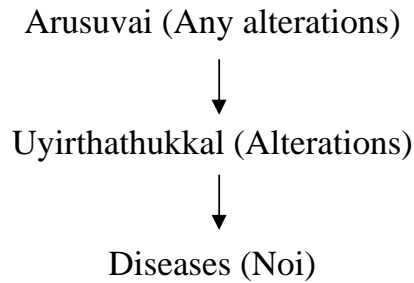
9. Elaippu (Rest)
10. Nithirai (Sleep)
11. Vaanthi (Vomit)
12. Kanneer (Tear)
13. Sukkilam or Surotitham
14. Suvaasam (Respiration)

IV. Arusuvaigal – We get from foods

It has linked to uyirthathu, panchapootham and body functions

இனிப்பு (Sweet)	-	Mann + Neer	Vali	-	Vayu + Mann
புளிப்பு (Sour)	-	Mann + thee	Azhal	-	Thee
உப்பு (Salt)	-	Neer + thee	Iyam	-	Neer
கைப்பு (Bitter)	-	Vayu + Aagayam			
கார்ப்பு (Pungent)	-	Vayu + thee			
துவர்ப்பு (Astringent)-		Mann + Vayu			

Any alteration takes place in suvaigal. It affects the uyirthathu and body functions.



V. UDAL VANMAI

Smartness, Strength and vitality constitute udal vanmai. It is classified into three types. They are as follows :

1. Eyarkai vanmai - It is inherited vitality
2. Kalavanmai - Vitality that is generally found in different age

periods on the basis of inherited constituents.

- 3.Seyarkai vanmai - Improvement of vitality obtained by good habits
(Due to physical exercise and proper diet)

VI. FOUR BODY FIRES

The normal digestive fire is called Sadarakkini and it is a combination of Samaana Vayu, Anila Pitham and Kilethaga Kapham.

1.Samanaakkini

When the sadrakkini is normal with proper balance of the three constituents it is called samanakkini. The balanced diet of an individual is properly digested in time.

2.Mandhaakkini

An increased kilethagam with the deficiency of anila pitham causes this condition, in which food is poorly digested and the process of digestion takes a longer time.

3.Deekshanaakkini

An increased anila pitham with the deficiency of kilethagam leads to this condition causing excessive digestive fire burning a larger quantum of food in a lesser duration of time.

4.Vishamaakkini

The samaana vayu is mostly affected there by causing irregular digestion and may make the food, poisonous.

SIDDHA PATHOLOGY

“மதித்திடற்கருமை வாய்ந்த
மாண்பரிகார மெல்லாந்
துதித்திட வுணர்ந்தானேனுந்
துகளறப் பிணியின்றன்மை
பதித்திட வுணரானாகிற்
பயனுறா னாகலானே
விதித்திடு பிணித்திறத்தை
விளம்புது முதற்கண்மன்னே”

- சிகிச்சா ரத்ன திபம்

This poem indicates the importance of diagnosing pathology of the diseases.

The Greek word pathology means.

Pathos (or) Noi - “Disease”

Logos (or) Naadal - “To know the cause”

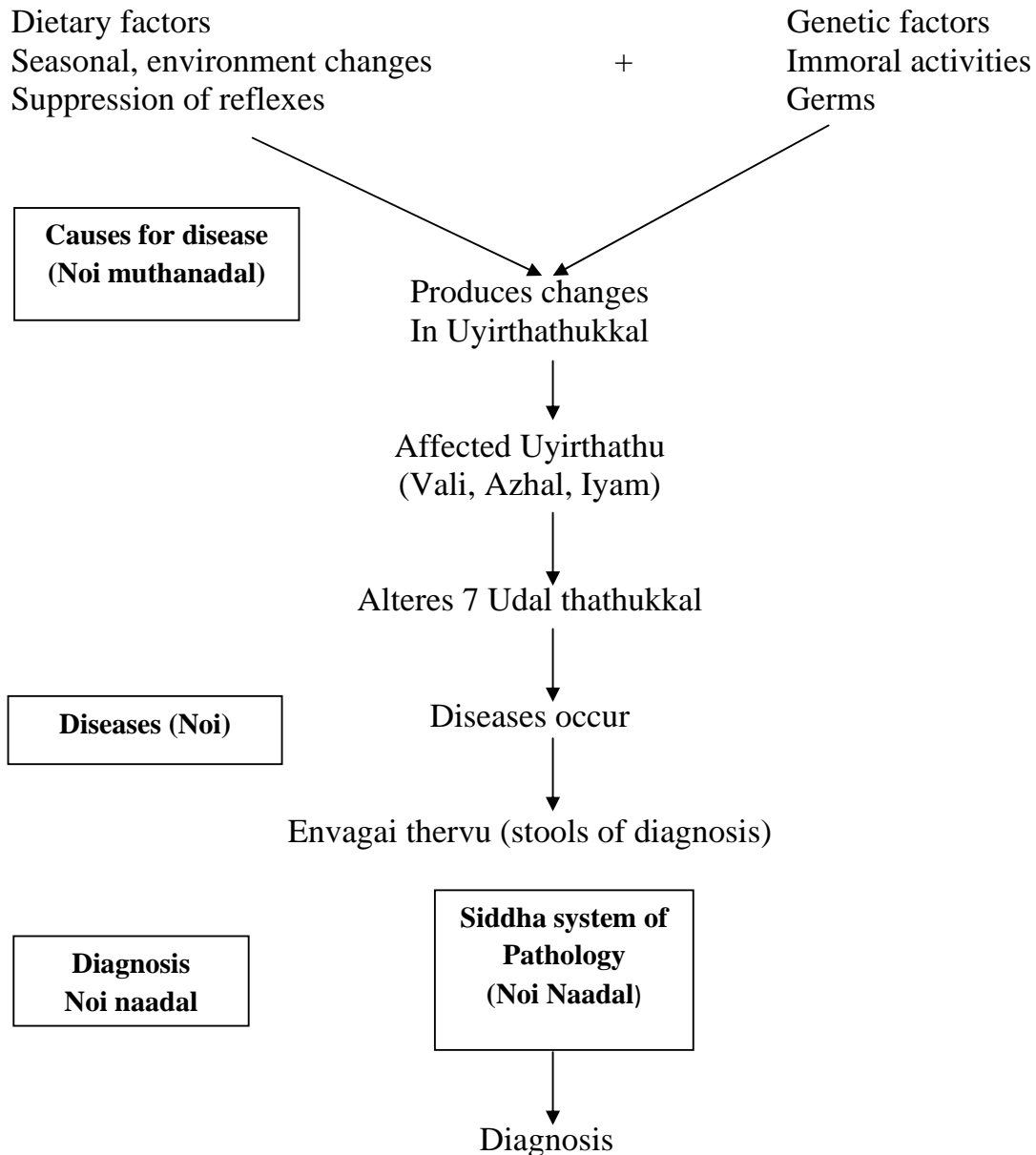
Noi Naadal Noi mudhal naadal indicates the approach to the process of diagnosis in siddha. Noi nadal means to find out the disease, Noi mudhal naadal means the determination of the disease.

“நோய்நாடி நோய் முதனாடியது தணிக்கும்
வாய்நாடி வாய்ப்பச் செயல்”

- திருவள்ளுவர்

Humoral pathology explains that all diseases are caused by the excess or reduction of the three cardinal humours vatham, pitham, kabam. The relative proportion of these humours are responsible for a person's physical and mental qualities and dispositions.

The siddhars recognise the 96 thathuvas and further add that the human body is composed of 72,000 vessels , 10 main arteries, 10 vital airs all together in the form of a network. The derangement of the three humours become liable to 4448 diseases which are diagnosed via piniyari muraimai.



Causation of diseases:

Derangement of the Mukkutram and seven udal kattugal are due to.

I) Internal causes

II) External causes

I. INTERNAL CAUSE

Karma Vinai

When no reason could be assigned for the appearance of any disease, it may also be concluded that the parents in whom some morbid tendency already existed, may be handed down to act on the offspring. This karmic theory is stated in Siddha

II. EXTERNAL CAUSES

- 1) Variation in the intake of diet
- 2) Seasonal variations
- 3) Regional variations
- 4) Control of 14 reflexes
- 5) Immoral Activities
- 6) Changes in three udal vanmai.
- 7) Microorganisms

1) Variation in the intake of diet

“மாறுபாடில்லாத உண்டி மறுத்துண்ணின்
ஊறுபாடு இல்லை உயிர்க்கு”

- திருக்குறள்.

Food is one which gives strength and helps for proper functions such as,

- 1) Provision of energy
- 2) Body building and repairs
- 3) Maintenance and regulation of tissue functions.

Food comprises “**six suvaigal**” in appropriate proportion.

So any amendment in the normal, regular diet will produce changes in the proportion of suvaigal and cause NOI. Excess intake of a particular ‘suvai’ may produce clinical manifestation as follows.

Sl. No.	Suvaigal	Disease
1.	Inippu (sweet)	Obesity, Indigestion, Diabetes, cervical adenitis
2.	Pulippu (Sour)	Body weakness, dull vision, giddiness, anaemia, dropsy, herpes, feverishness, dryness of the tongue, scabies, blisters.
3.	Uppu (Salt)	Grey hair, aging, falling of hair, herpes, leprosy, dryness of the tongue, progressive weakness of the body.
4.	Kaippu (Bitter)	Disease related to Vatham, disorders of Physical Constitutents.
5.	Kaarppu (Pungent)	Excessive dryness of the tongue, defect in spermatogenesis, general malaise, lassitude, tremors, back pain.

6.	Thuvarp (Astringent)	Abdominal discomfort, heart disease. dryness of the tongue, tiredness, impotency, vascular constriction and constipation.
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2) Seasonal variations of Humours

1) Viserka Kaalam – From Aavani to Thai

இக்காலத்தில் மழையாலும், குளிர் காற்றினாலும் பூமி வெப்பத்தை விட்டு குளிர்ச்சியைப் பெறும். இக்காலக்கட்டத்தில் உயிர்கள் வன்மையடையும்.

2) Aadna Kaalam – From Masi to Aadi

இக்காலத்தில் வெப்பம் அதிகப்படும். பூமியின் இயற்கை குணம் மாறுபடும். அங்கு வாழும் உயிர்களும் வெப்பத்தையும், வறட்சியையும் அடைந்து உடல் வன்மையை இழக்கின்றன.

Kaarkaalam → All the 3 humours are disturbed. Pitham, altered from normal state. Aggravated Vatha spread to other areas.

Koothirkaalam → Altered Pitham spreads to other areas.
Vatham is in normal state.

Munpanikaalam → Pitham is in normal state.

Pinpanikaalam → Kabam is altered from its nature.

Elavaenirkaalam → Altered Kabam spreads to other areas

Muthuvaenirkaalam → Kabam is in normal state. Vatha disease aggravate.

For the prevention of disease, Dicipline, Dietry practices, living place, avoidable circumstances for that specific kalam should be coped up with our life style to lead a peaceful life.

3. Regional Changnes of Humours

In Kurinji	-	Kabha diseases
In Mullai	-	Pitha diseases
In Neydhal	-	Vatha diseases.
In Marutham	-	No disease will occur.
In Paalai	-	Mukkuutra diseases are common.

Surviving in those lands may cause that diseases can be found.

4. Control of 14 reflexes

Reflexes are normal physiological functions when there is any suppression of those reflexes that will lead to the pathological state.

“பதினான்கு வேகப் பேர்கள்
பகர்ந்திட அவற்றைக் கேளாய்
விதித்திடும் வாதந் தும்மல்
மேவுநீர் மலங் கொட்டாவி
கதித்திடு பசிநீர் வேட்கை
காசமோ டிளைப்பு நித்திரை
மதித்திடு வாந்தி கண்ணீர்
வளர்க்க்கிலஞ் சுவாச மாமே”

Sl. No.	Vegams	Diseases
1.	Vatham	Heart disease, gastritis, umbilical hernia, boy pain, liver disorder, constipation, oliguria, loss of appetite.
2.	Thummal	Head ache, defect in the sensory organs and its activities, pain over the face, hipjoint pain.
3.	Siruneer	Anuria, urethral ulcer, pain in the joints. pain in the penis, gas formation in the abdomen.
4.	Malam	Diarrhoea due to increased Abaanan, cold, knee pain, head ache, flatulence, weakness.
5.	Kottavi	Lethargic face, exhaustion, indigestion, urinary

		disorders, leucorrhoea associated with schizophrenia, abdominal diseases.
6.	Pasi	All organs are affected, pricking pain all over the body.
7.	Neer Vetkai	All organs are affected, Pricking pain all over the body, Schizophrenia excitation apathetic face, pain in the joints.
8.	Erumal	Increased cough, bad breath, heart disease.
9.	Elaippu	Urinary disorder, peptic ulcer, syncope, rigor, identical features of suppression of sneezing.
10.	Thookkam	Heaviness of head, pain in the eyes.
11.	Vaanthi	Urticarial rashes, itching, anaemia, eye diseases, diseases of increased Pitham, asthma, fever, cough.
12.	Kanneer	Heart diseases, upper respiratory disorders, eye diseases, wounds in the scalp, peptic ulcer.
13.	Sukkilam or Suronitham	Fever, anuria, joint diseases, diseases of the upper and lower limbs, acute chest pain, increased urinary diseases.
14.	Suvasam	Cough, abdominal discomfort, tastelessness, epigastric pain, fever, venereal diseases.

5. Immoral activities

In siddha aspect it is the don't and does of humans.

Eyamam (ஐயமம்) - Self restricts don'ts

Niyamam (நியமம்) - Do's

When who skip the does and don'ts they will suffer by diseases.

6. Udal Vanmai

The disease affecting an individual is also based on the immunity, apart from food and climatic conditions.

1) Eyarkai vanmai

This is based on sathuva, rajo and thamo gunas and it is the strength which is present naturally. So Guna Marupadu changes in the guiding principles of mind may lead to defect in natural immunity and this cause diseases.

2) Seayarkai vanmai

The Mukkuna based body is maintained by food habits and the strength is improved by diet and medicine.

3) Kaala vanmai

It is based on seasons. The strength is gained or lost which is due to seasonal variation and is also based on age.

7. Microorganisms

Some disease are caused by micro organisms (Kirumi). According to Siddhar's thought.

“கிருமியால் வந்ததோடம் பெருகவுண்டு
கேட்கிலதன் பிரிவதனைக் கிரமமாக
பொருமிவரும் வாயுவெல்லாங் கிருமியாலே
புழுக்கடிப்போல் காணுமது கிருமியாலே
செருமிவரும் பவுத்திரங்கள் கிருமியாலே
தேகமதில் சோகை சூட்டங் கிருமியாலே
துருமிவருஞ் சுரோணிதங் கிருமியாலே
சூட்சமுடன் கிரிகைபால் தொழில் செய்வீரே”

- குருநாடி நூல்

Above this poem explains

Anaemia, skin diseases, venereal diseases, urticarial rashes and fistula they are caused by micro organism (Kirumi)

UDAL THATHUKKAL

1) Saaram (Chyle)

It is responsible for growth and development.

Increased features:

- ❖ Loss of appetite
- ❖ Excessive salivation
- ❖ Diminished activity
- ❖ Heaviness
- ❖ Pallor
- ❖ Cold decreased physical constituents
- ❖ Dyspnoea
- ❖ Flatulence
- ❖ Cough
- ❖ Excessive sleep.

Decreased features:

- ❖ Dryness of skin
- ❖ Tiredness
- ❖ Loss of weight
- ❖ Lassitude
- ❖ Less ability in hearing.

2) Senneer (Blood)

It is responsible for the nourishment and strength of the body.

Increased features:

- ❖ Boils in different parts of the body
- ❖ Splenomegaly
- ❖ Humours
- ❖ Pricking Pain
- ❖ Loss of appetite
- ❖ Haematuria
- ❖ Hypertension reddish eye
- ❖ Skin diseases
- ❖ Leprosy
- ❖ Jaundice.

Decreased Features:

- ❖ Affinity to sour and cold food
- ❖ Nervous debility
- ❖ Dryness
- ❖ Pallor.

3) Oon (Muscle)

Shapes the body and its organs.

Increased features:

- ❖ Tuberculous Adenitis
- ❖ Venereal diseases
- ❖ Extra growth around neck, cheeks, abdomen, thigh and genitalia.

Decreased features:

- ❖ Lethargic sense organs
- ❖ Pain in the joints
- ❖ Muscle wasting in chin, gluteal region, Penis and thighs.

4) Kozhuppu (Fat)

Maintains the lubrication of all tissues and gives energy to the body.

Increased features

- ❖ Identical feature of increased Oon
- ❖ Tiredness
- ❖ Dyspnoea on exertion
- ❖ Extra musculature in gluteal region, external genitalia, chest, abdomen and thighs.

Decreased features

- ❖ Loin pain,
- ❖ Splenomegaly
- ❖ Emaciation

5) Enbu (Bone)

Gives support to the body structure and a fundamental requirement for posture, movement of the body.

Increased features

- ❖ Excessive ossification and dentition

Decreased Features

- ❖ Joint pain,
- ❖ Falling of teeth falling
- ❖ Splitting of hairs and nails.

6) Moozhai (Bone Marrows)

Fill up the bone spaces. It nourishes the bones and imparts strength.

Increased features

- ❖ Heaviness of body and eyes
- ❖ Swollen inter phalangeal joints
- ❖ Oliguria
- ❖ Non healing Ulcers.

Decreased features

- ❖ Osteoporosis
- ❖ Blurred Vision

7) Sukkilam (or) Suronitham

It is responsible for reproduction.

Increased features

- ❖ Increased sexual activity
- ❖ Urinary calculi

Decreased features:-

- ❖ Dripping of semen, vaginal fluid, blood during coitus
- ❖ Pricking Pain in the scrotum
- ❖ Inflamed and contused external genitalia.

ALTERACTIONS OF UYIRTHATHUKKAL

Vaatham

Increased features

Wasting, Blakish discolouration, Affinity on hot foods, tremors, Distended Abdomen, constipation, weakness in sense organs, giddiness, Brisklessness.

Decreased Features:

Body pain, feeble voice, Diminished capability of the brain, Decreased intellectual functions, syncope, symptoms of increase Kabam.

Pitham

Increased features

Yellowish discolouration of conjunctiva skin, urine and faeces, polyphagia, polydypsia, burning sensation all over the body, Decreased sleep.

Decreased features

Loss of appetite, cold, pallor, features of disturbance of increased Kabam.

Kabam

Increased features

Loss of appetite, excessive salivation diminished activity, heaviness, Pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough, excessive.

Decreased features

Giddiness, dryness of joints, prominence of bones, Profuse sweating in the hairfollicles and palpitation.

DIAGNOSTIC METHODS

Diagnosis is the mandatory process in the treatment of a patient. Envagai thervugal which is the unique and special method having a broad and important role in diagnosing a particular disease. It is based upon the principles of Poriyaal arithal, pulanaal arithal and vinaathal.

Poriyaal arithal

It means understanding by the five organs of perception i.e Nose, Tongue, Eyes, Skin and ears.

Pulanaal arithal

It means understanding by the sense objects i.e smell, taste, vision, somatic sense and sound.

Vinaathal

It means interrogating the patient, learning the history and symptoms of the disease by asking questions to the patient.

ENVAGAI THERVUGAL

The diagnosis is also made by the eight tools of diagnosis as mentioned below:

“மெய்க்குறி நிறந்தொனி விழிநா விருமலம் கைக்குறி”

- தேரையர்.

“நாடி ஸ்பரிசம் நா நிறம்

மொழி விழி மலம் மூத்திரம்

இவை எட்டும் மருத்துவராயுதம்”

- நோய் நாடல் நோய் முதல் நாடல்

- | | | |
|--------------|---|----------------------------|
| 1. Meikuri | - | Feel of touch |
| 2. Niram | - | Colour |
| 3. Thoni | - | Sound and speech variation |
| 4. Vizhi | - | Eye |
| 5. Naa | - | Tongue |
| 6. Malam | - | Faces |
| 7. Moothiram | - | Urine |
| 8. Kaikuri | - | Sings in hand pulse. |

(1) Meikuri

Appreciating through a feel of touch by meikuri, the temperature of skin, smoothness, roughness, softness, sweat, dryness, tenderness, Ulcess, hard patches, swelling abnormal growth, nourishment can be examined.

(2) Niram

Diagnosis made with the help of colour of skin, nails, hair, conjunctiva, teeth, mucous membrane etc.

(3) Thoni

The Quality of sound is assessed in the examination of thoni.

(4) Vizhi

The eye disease have to be noted along with the changes in the eyes due to systemic involvement, Further eye movements, vision disturbances, Eyelid condition, colour of the eye, congenital abnormalities of eyes, Ulcer, lacrimation all has to be noted.

(5) Naa

In the examination of tongue we have to see the dorsal surface, ventral surface, margin, tip of the tongue up to root, colour of the tongue, coating, size, dryness, increased salivation, deviation, movement, variations in taste and the conditions of teeth and gums, Ulcers, fissures, boils, any abnormal growth, inflamed tongue, pigmentation should be examined.

(6) Malam

First examine the color, contour, quantity, frequency and see if there is any discharge along with the faeces. Ask for timing of defecation, Pain while defecation, abnormal odour etc.

(7) Moothiram

Urine is observed by two ways

i) Neer kuri

ii) Nei kuri

i) Neer Kuri

“வந்த நீர்க்கரி எடை மணம் துரை எஞ்சலென்
றைந்தியலுளவை யறைகுது முறையே”

Colour, Quantity, Odour, froth constitutions, specific gravity, flow of Urine, force, deposits, any other discharge should be noted.

ii) Nei Kuri

In a bowl urine was collected and kept on a sun light a drop of gingelly oil is added and the derangement of three thathus is studied.

“அரவென நீரண்டின் அ.:தே வாதம்.
ஆழிபோற் பரவின் அ.:தே பித்தம்
முத்தொத்து நிற்கின் மொழிவதன் கபமே”

Oil spreading like snake indicates – vatham

Oil spreading like ring indicates - Pitham

Oil floating as a peal indicates - Kabam

(8) Naadi

Naadi paritchari (Examination of pulse) is an important aspect of diagnosis.

From a quantitative point of view,

Vatham has a tension of one as felt by the index finger

Pitham has a tension of half as felt by middle finger

Kabam has a tension of quarter as felt by ring finger.

Aim and objectives

AIM AND OBJECTIVES

“வாதமே கதித்த போது வந்திடும் வியாதி மேலும்
வாதமே கதித்த போது வல்லுடல் மெலிந்து கொள்ளும்”
- சிகிச்சாரத்ன தீபம்

The derangement of vadha humour aggravated the diseases and produce hazardous effects. In siddha system, Siddhars have identified four thousand four hundred and forty eight diseases and scientifically arranged eighty types of vadha diseases.

Among all forms of treatment Noi naadal (or) identification of disease and Noi muthal naadal (or) determination of the aetiology of the disease are most important aspects. Once the diagnosis is accurate the treatment is easily fulfilled.

Aim

The main aim of this study is to evaluate the pathology of the disease kumbavatham with the help of Siddha and modern aspects.

Objectives

The following objectives have been drawn to achieve the above aim.

- To collect siddha literature about Kumbavaatham
- To evaluate the siddha basic physiology and pathology
- To analyse the signs and symptoms of Kumbavaatham
- To find out the changes that occur in Uyirathukkal, Udal Kattukal Envagai thervugal, including Neerkuri, Neikuri and Naadi.

- To correlate etiology, symptoms, diagnosis with modern system of medicine.
- To use the modern diagnostic parameters to confirm the disease.

Elucidation about kumbavaadham

ELUCIDATION ABOUT KUMBA VAATHAM

According to the Yugi Vaithiya Sinthamani, **Kumba vaatham** has been described as

“நவிலவே தோள்மீதுங் கரத்தின் மீதும்
நலிந்து மெத்த வாகியே நோவுண் டாகும்
கவிலவே கன்னமொடு நயனந் தானும்
கடுத்துமே விறுவிறுப்பு மெரிவுங் காணும்
துவிலவே துடிப்பாகுஞ் சிரசு தன்னிற்
சுழற்றியே நாபிக்கீழ் வலியுமுண்டாய்
அவிலவே யடிநாக்கி லழன்று காணும்
அலருமே வருகும்ப வாதந் தானே”

நவில்தல்	-	சொல்லுதல், கற்றல் ** To say
தோள்	-	கை, புயம், மாப்பு *** Shoulder
கரம்	-	கை *** Upper arm
நலிதல்	-	மெலிதல், நோய் நோவு * மெலிகை, சரிகை, சுவரிதம் ** Decreased
மெத்த	-	மிகவும் ** Much, abundantly
நோவு	-	வலி, இரக்கம், நோய்; ** வருத்தம் *
நயனம்	-	கண், கண்மணி * Eye

கன்னம்	-	கன்னக்கோல் ** அருகு, அஷ்கன்னம், கதுப்பு, காது, தராசுத் தட்டு, நரம்பு, பொற்கொல்லன், யானைச் செவி ***** Check
கடுத்தல்	-	வலி உண்டாதல், உளைதல் * ஒரு வகை மீன் ** Boring pain
விறுவிறுப்பு	-	நாவில் உண்டாகும் ஓர் உணர்ச்சி உறைப்பு, புண் முதலியன குத்தெக்கை, மிகு கோபம் ** Twitching
துடிப்பு	-	பதைப்பு * பரபரப்பு, கோபம், நாடியடிக்கை ** தீவிரம் *****
தீவிரம்	-	சடுதி, மூர்க்கம், நரகம், பெருங்கோபம், சூரியகிரகணம் ***** விரைவு, Sharpness **
சிரசு	-	தலை ** முதல், சிரம், சிரங்கம் *** Head
சுழற்றல்	-	கிறுகிறுப்பு ** உழற்றல், சுற்றியாட்டல் ***
நாபி	-	கொப்பூழ், இடுப்பெலும்பு * Pelvis
அடிநாக்கு	-	நாக்கின் அடிப்பாகம் *
அலருதல்	-	மலர்தல் **

- * - T.V சாம்பசிவம் பிள்ளை அகராதி
** - தமிழ் லெக்ஸிகான்
*** - தமிழ் பேரகராதி
**** - கம்பர் தமிழ் அகராதி
***** - Tamil – English Dictionary

நவிலவே தோள்மீதுங் கரத்தின் மீதும்
நலிந்து மெத்தவாகியே நோவுண் டாகும்

Pain in the shoulder joint and upper arm, Decrease the tonicity of muscles in the shoulder and upper arm.

கவிலவே கன்னமொடு நயனந் தாளும்
கடுத்துமே விறுவிறுப்பு மெரிவுங் காணும்

Boring pain and twitching in the check and peri orbital area.

துவிலவே துடிப்பாகுஞ் சிரசு தன்னிற்
சுழற்றியே நாபிக்கீழ் வலியுமுண்டாய்

Giddiness, Pain occur below the pelvis

அவிலவே யடிநாக்கி லழன்று காணும்
அலருமே வருகும்ப வாதந் தானே

Pain in the inferior surface of the Tongue

Summary

(The poem's lines are summarized)

- Pain in the shoulder joint and upper arm.
- Decrease the tonicity of muscles in the shoulder and upper arm.
- Boring pain and twitching in the check and peri orbital area.
- Giddiness.
- Pain occur below the pelvis.
- Pain in the inferior surface of the Tongue.

**Detailed pathological
view of the dissertation
topic**

DETAILED PATHOLOGICAL VIEW OF DISSERTATION TOPIC

INTRODUCTION ABOUT DISSERTATION TOPIC

Vatham, Pitham, Kabam are considered as three supports of the human system. Because they are the three fundamental principles in the composition of the human body. When the harmony of the three humours get deranged owing to a relative increase or decrease of one or more of the principal humours, disease will be the result which would be well indicated by Naadi.

Definition of Vatha disease:

A clinical entity is defined as Vatha disease when it produces clinical features manifested by the primary affection of one or several of the vayus which are branches of Vatha. The involvement of other thatus may be associating or accompanying factor.

The definition of Vatha disease cannot be precisely defined in a single line several descriptions are available in various siddha literatures.

“சொல்லவே வாதமது மீறிற்றானால்

சோர்வடைந்து வாயுவினால் தேகமெங்கும்

மெல்லவே கைகால்க ளசதியுண்டாகும்

மெய்முடங்கும் நிமிர் வொண்ணாதிருக்கும்

வெல்லவே யுடல் பொருமும் வயிறுளைக்கும்

விரும்பியன்னஞ் செல்லாது விந்து நடட்டம்

சொல்லவே நாப்புளிக்கும் கழிச்சலுண்டாம்

கூறினார் மலைய முனி கூறினாரே”

- அகத்தியர் வைத்திய காவியம்

மேவிய வாதஞ் செய்யும் குணத்தினை விளம்பக் கேளாய்

தாவிய வயிறு மந்தஞ் சந்துகால் பொருத்து நோவால்

சேவிய தாது நாசம் சிறுத்துடன் சிறுநீர் வீழும்

காவியங் கண்ணினாளே மலமது கருகிக் காணும்

- தன்வந்திரி வைத்தியம்

தக்கவாயு கோபித்தால் சந்து வளைந்து தலைநோவா

மிக்க மூரி கொட்டாவி விட்டங் கெரியு மலங்கட்டும்

ஒக்க நரம்பு தான்முடங்கு முலர்ந்து வாய் நீருறி வரும்

மிக்க குளிரும் நடுக்கமாய் மேனிகுன்றி வருங்காணே

- தேரையர் வாகடம் - பாடல் 42

புண்ணாய் வலிக்கும் பொருமுங் குடலோடி

தண்ணா மலந்தனை தம்பிக்கும் போக்காது

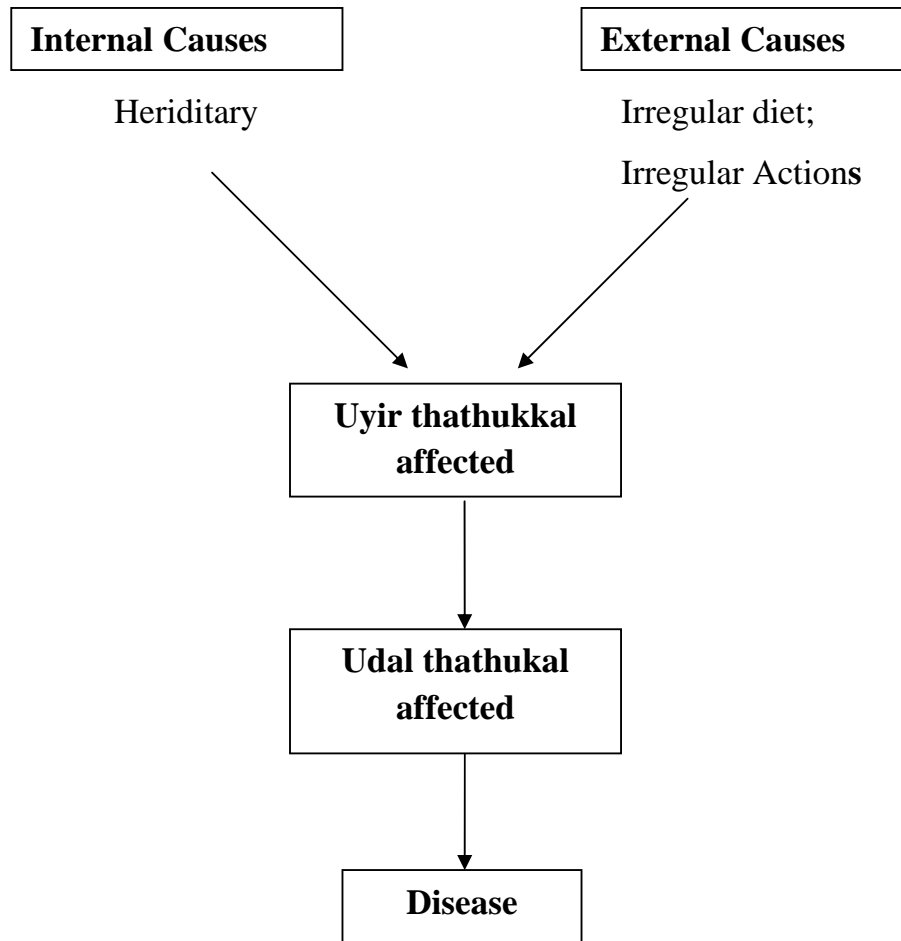
ஒண்ணான வாசனமுறவே சுருக்கிடும்

பண்ணார் குளிர்சீதம் பகுத்திடும் வாதமாமே

- 4448 வியாதிகள் ஒரு விளக்கம்.

SIDDHA PATHOLOGY OF DISSERTATION TOPIC

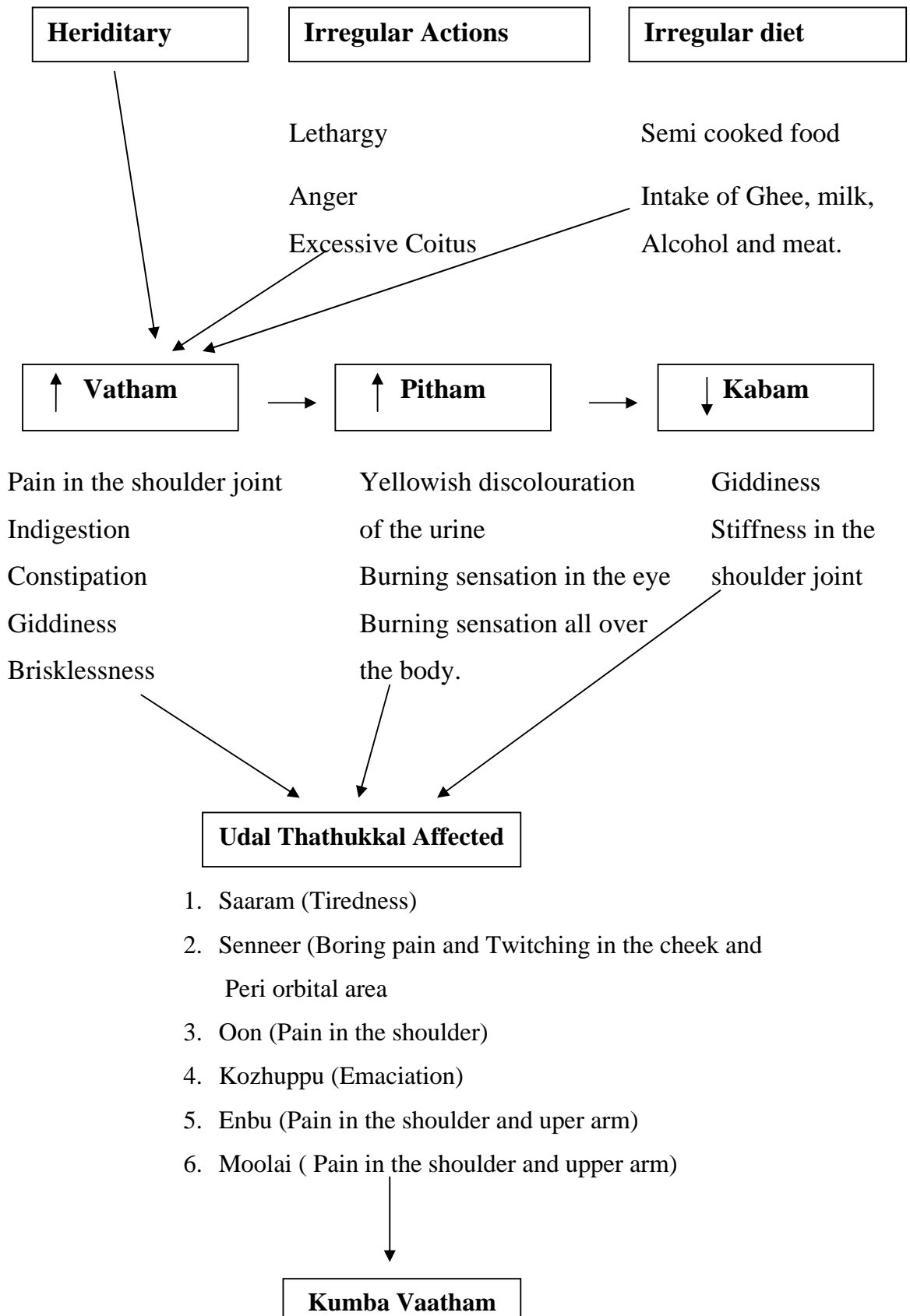
Altered state of udal thathukkal and Uyir thathukkal causes Disease.



Kumba vaatham

It is one of the disease among the 80 types of vatha diseases.

Pathogenesis of kumbavaatham



Review of Literatures

REVIEW OF LITERATURES

Many Siddhars have described about Vaatha diseases. They have classified the Vaatha diseases in to eighty types. Some have classified in to eighty five types of vadha diseases. Among these kumba vaatham is one of the Vaatha disease.

1. As per VAATHA NOI THOKUTHI (Dr.T.Mohan Raj)

Kumba vaatham

“அம்புவியிலறியவே கும்ப வாதத்தினுட அடர் குணம்தனை உரைப்பேன்
அனுமிரு காலில் நீர் கொள்ளுமுடல் வளருமே அதிதாகம் மயக்கம் மீறும்
வெம்புபனி வாந்தியும் கைகால் துடைகளும் வீங்கி கனக்குமறி நீ
விள்ளும் வயிறு கடல் அலைபோல் இரைந்து மலம் கழிந்து கொலுக்கொலுப்பாய்
பம்புவாய் தொண்டையும் நாவு வறண்டிடும் பதறியே சீறும் முகமும்
பக்கமிரு தோளதும் கையும் வலித்துளையும் பாரகடுப்பு மிஞ்சும்.
தும்பு மிரு கண்ணொடு கன்னம் கடுப்பறும் துடர் விரிப்பாக ளரியும்.
துடிப்பு மிகுமே தலை நாவியில் நோவுறுமே துண்டுமடி நாக்கழலும்”

Edema in legs, obesity, Increased thirst, Giddiness, Vomiting, Swelling in upper and lower limbs, Flatulence, Diarrhoea, Dryness of Throat and Tongue, Anger. Pain in both shoulder and upper arm, pain in the check and eye, Head ache and Pain in the Tongue.

2. According to CHIHICHA RATHNA DEEPAM,

Kumba vaatham

இது சப்த தாதுக்களை அனுசரித்து முடிவில் தோளின் மீதும் கரத்தின் மீதும் பாம்பைப் போல் ஊர்ந்து நோயுண்டாக்கும். கன்னம், கண் முதலிய இடங்களில் எரிச்சல் காணுவதுடன் நாபியின் கீழ் வலி, அடி நாவில் அழற்சி இவற்றை உண்டாக்கும்.

Pain in the shoulder and arm, twitching in the cheek and eye. Pain below the pelvis and pain in the inferior surface of the Tongue.

Some authors have described Kumbavaatham in to different Names.
But the signs and symptoms are same as Kumbavaatham

3. According to YUGIMUNI VAITHIYA KAVIYAM

கையிசு வாதம்

“உய்யவே கையைப் பற்றி யுதறியே வலித்திக் கொல்லும்
மெய்யவே திமிருமுண்டோ மேனியும் வாதை காணுந்
துய்யதாந் தோளில் மெத்தத் துண்டித்துத் துடித்துக் காணும்
மைய விழி மாதேகையிசு வாதமென்றியம் பலாமே”

- பக்க எண்.20

Pain in the shoulder and upper arm, Numbness, Pain all over the body.

4. According to AGASTHIYAR MANI 4000

பாகுவாதம், பாரிசு பாகுவாதம்

“தூயோர் பாகுவாதம் இருதோளின் கடுப்பாம்
ஆயோ கூவென்று அரற்று பகல் அல்லும் பயோர் பாதம்
தூங்காமல் நோய் செய்யு தோளொன்றி வாதமிகு
பாங்காகும் பாரீசு பாகு”

- பக்க எண்.55

பாகுவாதம் : Pain in the both shoulder

பாரிசுவாகுவாதம் : Pain in one shoulder

5. According to JEEVARAKSHAMIRTHAM

அவபாகுக வாத ரோகம்

இது சிலேஷ்ம வஸ்து, மதுர வஸ்து, மந்த சீதன வஸ்து, இவைகளைப் புசித்தாலும், பனிக்காற்றுள்ள இடத்தில் இருந்தாலும், சதா ஸ்திரீ போகஞ்

செய்தாலும் பிறந்து தோள்களில் இருக்கும் ரத்த நரம்பை அனுசரித்து மெலியச் செய்யும் அப்போது கைகளில் கும்பலும், மரத்தலும், குத்தலும், உண்டாகும். இதனைச் சிலர் பாகுதோஷம் எனச் சொல்வர்.

- பக்க எண். 223

Pain in the shoulder, Deceased tonicity of muscles in the shoulder.

6. According to ANUBHAVA VAITHIYA DEVA RAGASIAM (J.Seethasama Prasath)

அவபாகுக வாதரோகம்

சிலேஷ்ம வஸ்து. மந்த வஸ்து, மதுர வஸ்து. இவைகளைப் புசித்தல், சஞ்சாரமின்மை, பனிக்காற்றுள்ள இடத்தில் சதா ஸ்திர் போகஞ் செய்தல் முதலியவைகளால் உண்டாகி தோள்களிலிருக்கும் ரத்த நரம்பை அனுசரித்து அவைகளை மெலியச் செய்து கைகளில் மரத்தல், குத்தல் என்னுங் குணங்களை உண்டாக்கும்.

- பக்க எண். 167

Pain in the shoulder and upper arm.

❖ In **Aathma Ratchamitham** Vaatha diseases are classified into 80

types. But kumba Vaatham was not discribed.

❖ In **Pararasa Segaram** Vaatha Diseases are classified into 80 types.

But Kumba Baatham was not described.

**Theoretical view of
dissertation topic in
modern aspects**

THEORETICAL VIEW OF DISSERTATION TOPIC

IN MODERN ASPECT

ANATOMY OF SHOULDER JOINT

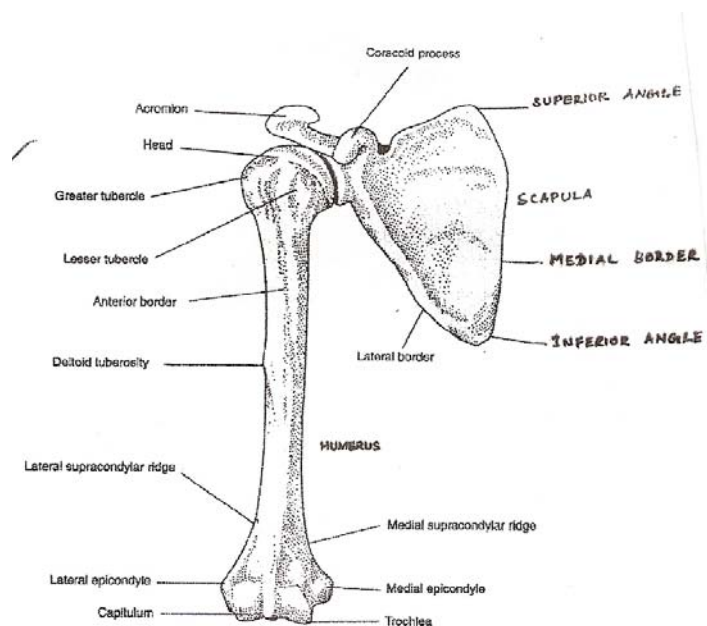
Surface marking

The anterior margin of the glenoid cavity corresponds to the lower half of the shoulder joint. It is marked by a line 3 cm long drawn downwards from a point just lateral to the tip of the coracoid process. The line is slightly concave laterally.

Type

The shoulder joint is a synovial joint of the ball and socket variety.

Articular surface

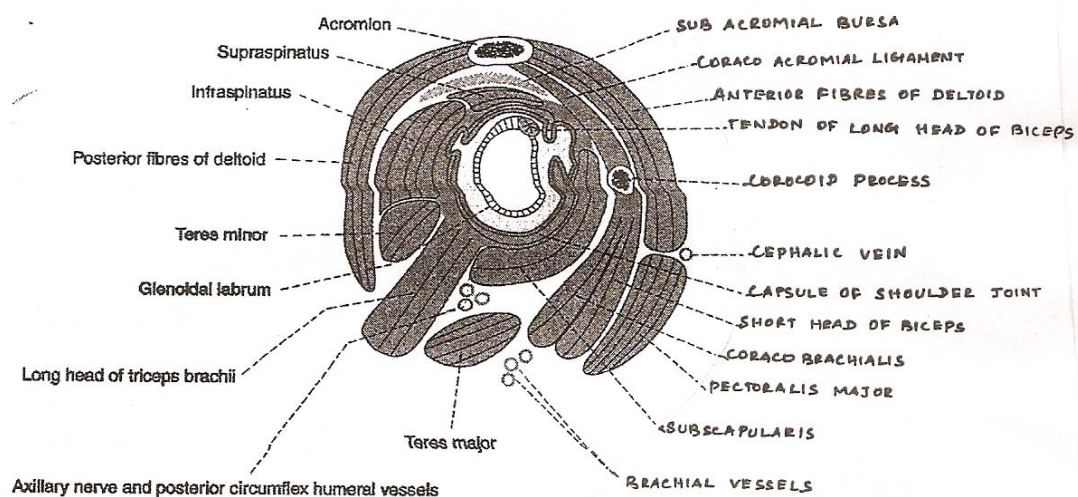


The joint is formed by articulation of the scapula and the head of the humerus. Therefore it is also known as the glenohumeral articulation.

The glenoid cavity is too small and shallow to hold the head of the humerus in place. The head is four times the size of the glenoid cavity. However, this arrangement permits great mobility. Stability of the joint is maintained by the following factor.

1. The coracoacromial of secondary socket for the head of the humerus.
2. The musculo tendinous cuff of the shoulder.
3. The glenoid labrum helps in deepening the glenoid fossa. Stability is also provided by the muscles attaching the humerus to the pectoral girdle, the long head of the biceps, the long head of the triceps and atmospheric pressure.

Ligaments of the joint



As the articular capsule is opened the three glenohumeral ligaments are noticeable on the anterior part of the capsule. Define the articular surfaces, ligaments, bursae related to this important joint.

1.The capsular ligament

It is very loose and permits free movements. It is least supported inferiorly where dislocations are common. Such a dislocation may damage the closely related axillary nerve.

Medially the capsule is attached to the scapula beyond the supraglenoid tubercle and the margins of the labrum. Laterally, it is attached to the anatomical neck of the humerus. Inferiorly the attachment extends down to the surgical neck. Superiorly it is deficient for passage of the tendon of the long head of the biceps brachii. The joint cavity communicates with the subscapular bursa, with the synovial sheath for the tendon of the long head of the biceps brachii and often with the infraspinatus bursa. Anteriorly the capsule is reinforced by supplemental bands called the superior middle and inferior gleno humeral ligaments. The capsule is lined with synovial membrane. An extension of this membrane forms a tubular sheath for the tendon of the long head of the biceps brachii.

2.The Coracohumeral ligament

It extends from the root of the coracoid process to the neck of the humerus opposite the greater tubercle. It gives strength to the capsule.

3. Transverse humeral ligament

It bridges the upper part of the bicipital groove of the humerus.
(between the greater and lesser tubercles) The tendon of the long head of the biceps brachii passes deep to the ligament.

4. The glenoid labrum

It is a fibrocartilaginous rim which occurs covers the margins of the glenoid cavity, thus increasing the depth of the cavity.

Bursae related to the shoulder joint

1. The subacromial (sub deltoid) bursa
2. The subscapularis bursa, communicates with the joint cavity.
3. The infraspinatus bursa, may communicate with the joint cavity.
4. Several other bursae related to the coracobrachialis, teres major, long head of the triceps, latissimus dorsi, and the coracoid process are present.

Relations

Superiorly : Coraco acromial arch

Subacromial bursa, Supraspinatus and deltoid.

Inferiorly : Long head of the triceps brachii

Anteriorly : Subscapularis, coracobrachialis, Short head biceps and deltoid.

Posteriorly : Infraspinatus, teres minor and deltoid

Within the joint: Tendon of the long head of the biceps brachii.

Blood supply

1. Anterior circumflex humeral vessels.
2. Posterior circumflex humeral vessels
3. Supra scapular vessels.
4. Subscapular vessels.

Nerve supply

1. Axillary Nerve
2. Musculocutaneous nerve and
3. Suprascapular nerve

MOVEMENTS OF THE SHOULDER JOINT

The shoulder joint enjoys great freedom of mobility at the cost of stability. There is no other joint in the body which is more mobile than the shoulder. This wide range of mobility is due to laxity of its fibrous capsule and the large size of the head of the humerus as compared with the shallow glenoid cavity.

Movements of the shoulder joint are considered in relation to the scapula rather than in relation to the sagittal and coronal planes. When the arm is by the side (in the resting position) the glenoid cavity faces almost equally forwards and laterally and the head of the humerus faces medially and backwards.

1.Flexion and extension

During flexion the arm moves forwards and medially, and during extension the arm moves backwards and laterally.

2.Abduction and adduction take place at right angles to the plane of flexion and extension, i.e. approximately midway between the sagittal and coronal planes. In addition the arm moves antero laterally away from the trunk. This movements is in the same plane as that of the body of the scapula.

3.Medial and lateral rotation are best demonstrated with a mid flexed elbow. In this position the hand is moved medially in medial rotation and laterally in lateral rotation of the shoulder joint.

4.Circumduction is a combination of different movements as a result of which the hand moves along a circle.

The range of any movement depends on the availability of an area of free articular surface on the head of the humerus. It may be noted that the articular area on the head of the humerus is four times larger than that on the glenoid cavity.

PATHOLOGY

PERI ARTHRITIS (FROZEN SHOULDER)

Definition:

Peri arthritis is a condition characterised by pain and progressive limitation of some movements of the shoulder joint occurring in the elderly.

Types:

- i) Primary idiopathic type
- ii) Secondary Type

i) **Primary Idiopathic type:**

The cause is not known.

ii) **Secondary Type:**

It is occurring in patients with Diabetes, Tuberculosis, Cardiac Ischemia and hemiplegia.

Pathology:

The process often starts as a chronic tendinitis but inflammatory changes spread to involve the entire cuff and the underlying capsule.

As the inflammation subsides, the tissues contract, the capsule may stick to the humeral head and the infra articular synovial gusset may be obliterated by adhesions.

It has been suggested that this is an auto immune response to the products of local tissue break down.

One of the earliest descriptions of the pathology of a *Frozen* shoulder was by Neviaser (1945), who found thickened contracted capsule around the humeral head. Histology of the capsule showed fibrosis and inflammatory cells.

Clinical features:

Diffuse pain in the shoulders with radiation down to the middle of the upper arm but without being localized to any nerve distribution.

Tenderness in the sub acromial region and in the anterior joint line.

Night pain often awakening the patient from sleep is a common complaint.

Marked limitation of abduction and external rotation of the shoulder with free flexion and extension movements.

When the condition involves the whole rotator cuff it results in total restriction of all movements of the joint. The condition is termed “Frozen shoulder” or “Adhesive capsulitis”.

After several months the pain begins to subside, but as it does so stiffness becomes more and more of a problem, continuing for another 6-12 months pain has disappeared. Gradually movement is regained but it may not return to normal.

On examination there is a generalized tenderness about the shoulder and marked restriction of all movements but especially abduction and rotation with pain if force is used

INVESTIGATION:**1. X-Ray:-**

Radiographs of the shoulder are normal. In severe cases X-Rays reveal decreased bone density in the humerus

2. Arthrography: Shown a contracted joint.

**Evaluation of the
dissertation topic**

EVALUATION OF THE DISSERTATION TOPIC

MATERIALS AND METHODS

The pathological evaluation of the disease **KUMBA VAATHAM** was carried out in out patient as well as in patient department at Government Siddha Medical College & Hospital, Palayamkottai during the year 2007-2009.

SELECTION OF CASES

Cases with similar symptoms of **KUMBA VAATHAM** were selected from OP and IP departments of Government Siddha Medical College, Palayamkottai and followed by the author whose work was under the close supervision of the faculties of the post graduate Noi Naadal Department.

EXCLUSION CRITERIA

In addition to **KUMBA VAATHAM** patients who ever having other clinical symptoms like, multi joints pain other than knee joint, other systemic disease like, hypertension, respiratory diseases and cardiac diseases were carefully excluded from the study.

EVALUATION OF CLINICAL PARAMETERS

- Detailed history of present and past illness
- Family history
- Personal history
- Occupational history

- Socio – economic status
- Dietary habits
- Seasonal variations

SYMPTOMS AND SIGNS OF “KUMBA VAATHAM”

- Pain in the shoulder joint and upper arm.
- Decrease the tonicity of muscles in the shoulder joint and upper arm.
- Boring pain and twitching in the cheek and peri orbital area.
- Giddiness
- Pain below the pelvis
- Pain in the tongue

SIDDHA CLINICAL DIAGNOSIS

Envagai therugal (8 tools of diagnosis)

1. Examination of Naadi
2. Examination of touch
3. Examination of the Tongue
4. Examination of colour
5. Examination of voice
6. Examination of the eyes
7. Examination of the stools
8. Examination of the urine (Neer kuri and Nei kuri)

MODERN INVESTIGATIONS

The following haematological Parameters are done.

Blood

- TC
- DC
- ESR
- Hb
- Sugar

Routine Urine Analysis

- Albumin
- Sugar
- Deposit

X-Ray Report

Shoulder joint – AP view & lateral view

CASE PROFORMA

A clinical signs and symptoms of **KUMBA VAATHAM**, History of present illness, personal history and family history derangement of mukkutram and Udal thathukkal, laboratory investigations and X-Rays were systematically recorded in the proforma

OBSERVATION AND RESULTS

1. Age

Sl. No.	Age	No.of Cases	Percentage
1.	40 – 50	2	10%
2.	51 – 60	6	30%
3.	61 – 70	9	45%
4.	71 – 80	3	14%

Among the selected 20 cases, the incidence of disease was found to be higher in the age groups between 61-70. (45%).

2. Sex

Sl. No.	Sex	No. of Cases	Percentage
1.	Male	7	35%
2.	Female	13	65%

This incidence of diseases was bound to be higher in females. (65%)

3. Family History

Sl. No.	Family History	No.of Cases	Percentage
1.	Positive	11	55
2.	Negative	9	45

There is a family history for this disease (55%)

4. Diet

Sl. No.	Diet	No.of Cases	Percentage
1.	Vegetarians	2	10
2.	Mixed	18	90

90% of patients had mixed diet habit

5. Socio Economic Status

Sl. No.	Socio economic status	No.of Cases	Percentage
1.	High Status	6	30
2.	Middle Class	10	50
3.	Low Status	4	20

Among the twenty cases, 50% of cases belongs to middle class.

6. Kaalam (life span)

Sl. No.	Kaalam	No.of Cases	Percentage
1.	Pitha kaalam (33-66 years)	15	75
2.	Vatha Kalam (above 66 years)	5	25

Out of 20 cases 75% of cases were found to be in pitha kaalam ie age between 33-66.

7. Seasonal Variations (Paruva Kaalam)

Sl.No.	Paruvakaalam	No.of Cases	Percentage
1.	Kaarkaalam	2	10
2.	Koothirkaalam	9	45
3.	Muthuvenir Kaalam	9	45

Most of the cases were coming during Koothirkaalam (45%) and Muthuvenir Kaalam. (45%)

8. Thinai (geological distribution)

Sl. No.	Thinai	No.of Cases	Percentage
1.	Kurinchi	1	5
2.	Marutham	18	90
3.	Neithal	1	5

90% the cases were reported from Maruthanilam.

9. Disturbances of vali (vaatham) - increased

Sl. No.	Vali	No.of Cases	Percentage
1	Praanan	20	100
2.	Abaanan	20	100
3.	Viyanan	20	100
4.	Uthaanan	20	100
5.	Samaanan	20	100
6.	Naagan	20	100
7.	Koorman	20	100
8.	Kirukaran	20	100
9.	Devathathan	20	100
10.	Thananjeyan	-	-

Among the ten types of vali except Thananjeyan all were affected in 100% of cases.

10. Disturbances of azhal (pitham) - increased

Sl. No.	Azhal	No.of Cases	Percentage
1.	Anarpitham	20	100
2.	Ranjagam	20	100
3.	Praasagam	20	100
4.	Aalosagam	20	100
5.	Saathagam	-	-

Anarpitham, Ranjagam Praasagam Aalosagam were affected in 100% of cases.

11. Disturbances of iyyam (kabam) - decreased

Sl. No.	Iyyam	No.of Cases	Percentage
1.	Avalambagam	4	20
2.	Kilethagam	14	70
3.	Pothagam	16	80
4.	Tharpagam	16	80
5.	Santhigam	20	100

Santhigam was found to be affected in all most all the cases.

12. Udal Kattugal

Sl. No.	Kaalam	No.of Cases	Percentage
1.	Saaram	20	100
2.	Senneer	20	100
3.	Oon	20	100
4.	Kozhuppu	20	100
5.	Enbu	20	100
6.	Moolai	20	100
7.	Sukkilam (or) Suronitham	10	50

Saranam, Senneer, Oon, Kozhuppu, Enbu, Moolai, were affected in 100% of cases . Sukkilam (or) Suronitham was affected in 50% of cases.

13. Envagai tervugal

Sl. No.	Envagai Thevugal	No.of Cases	Percentage
1.	Naa	20	100
2.	Niram	5	25
3.	Mozhi	15	75
4.	Vizhi	18	90

5.	Malam	18	90
6.	Moothiram	20	100
7.	Naadi	20	100
8.	Sparisam	20	100

Naddi was affected in 100% of cases.

14. Nei kuri (Urine – Oil Diagnosis)

Sl. No.	Shape of Oil	No.of Cases	Percentage
1.	Aravil Mothiram	18	90
2.	Mothirathil Aravam	2	10

Aravil Mothiram appearance was appeared in 90% of cases.

15. Laboratory investigations

Sl. No.	O.P. No.	BLOOD INVESTIGATION										URINE ANALYSIS		
		TC Cells/ Cummn	DC%					ESR Mm/Hrs		Hb gm	Sugar Random Mg %	Alb	Sug	Dep
			P	E	B	L	M	½	1					
1.	46656	9000	51	4	2	43	0	4	8	9	207	Nil	++	Few Puscells
2.	46657	8000	49	4	2	44	1	2	4	10	288	Nil	+++	NAD
3.	48215	8500	53	5	1	41	0	3	7	11	198	Nil	+	Few Puscells
4.	48428	9000	50	6	1	42	0	5	10	10	131	Nil	+	Few Puscells
5.	48429	7800	52	4	0	43	1	4	8	9	250	Nil	++	Few Puscells

6.	49506	9000	45	7	1	46	1	4	9	10	152	Nil	+	Few Puscells
7.	49509	8600	47	5	2	45	1	8	16	8	188	Trace	+	Few Puscells
8.	49507	9200	49	5	1	45	0	2	5	10	226	Nil	++	Few Puscells
9.	49508	8300	48	6	2	43	1	2	4	9	387	Nil	+++	Few Puscells
10.	51849	9100	50	7	2	40	1	5	10	11	160	Nil	+	NAD
11.	54514	7000	55	4	1	38	2	3	7	10	351	Nil	+++	Few Puscells
12.	65847	8200	50	4	2	44	0	3	6	9	185	Nil	+	Few Puscells
13.	65811	7600	45	7	1	46	1	4	9	11	115	Nil	+	Few Pusulls
14.	65669	8000	54	5	0	41	0	3	6	10	184	Nil	+	Few Puscells
15.	68375	8400	56	5	1	38	0	7	14	11	160	Nil	+	Few Puscells
16.	68374	9100	55	5	1	38	1	5	10	9	220	Nil	++	Few Puscells
17.	68840	9000	47	5	2	45	1	2	4	8	304	Nil	+++	Few Puscells
18.	68838	8300	55	6	1	38	0	3	6	8	180	Nil	+	Few Puscells
19.	68841	8400	52	6	1	41	0	2	4	9	190	Nil	+	Few Puscells
20.	70323	7800	49	4	1	46	0	5	10	8	208	Nil	++	Few Puscells

Neerkuri

OP. No. 48428



Neikuri

O.P.No. 54514



O.P.No. 54514



O.P.No.70323



Discussion

DISCUSSION

Yugi Munivar has classified the vaatha diseases into 80 types and Kumba vaatham comes under eleventh type.

The pain in the shoulder joint patients are coming more to our O.P. Among those patients more patients have history of madhumegam, few have the history of pakkavaddham and few have the history of shayam and very few have no history (due to senile changes).

During her literary collection the author find a clue of “Athi thagam” in kumba vaatham. As there is more volume of patients are coming to our Madhumegam special O.P. the author have taken Kumba vaatham.

Among the three humors, vaatham is the initiator of all activities of the body. In Kumba vaatham patients the shoulder joints are affected and the patients have restricted movements of shoulder joint

Even though Inippuneer is a kaba disease this Kumba vaatham (associated with madhumegam) shows only vaatha pitha thontha kurikunangal. Because in Kumba vaatham the derangement of kabam affects the joints (The living place of Vatham) and causes pain in the shoulder joints. So predominantly vatham increased and increased vaatham stimulates the pitham and pitham gets increased. So vaatha pitha thontha kurikunangal occur in kumba vaatham and vaatha pitha naadi is felt in kumba vaatham.

The clinical study on selected patients was done. Investigations were done by both siddha and modern parameters. The discussion is based on the result observed on various headings.

INTERPRETATION OF OBSERVED CLINICAL PARAMETERS

1. Age

Out of 20 cases, 45% of cases were in the age group 61-70.

2. Sex:

Out of 20 cases, 65% of cases were females.

3. Socio – economic status

Out of 20 cases 50% of cases were found to be middle class.

4. Diet Habits

On observation, 90% of cases had mixed diet habits.

5. Family History

On observation, 55% of cases have family history.

6. Seasonal changes

45% of patients were reported during koothir kaalam and 45% of patients were reported during Muthuvenirkaalam.

7. Thinai

90% of cases were reported from Marutha nilam.

8. Kaalam (life span)

Out of 20 cases, 75% of cases were found to be within pithakaalam. That is between 33-66 years of age groups. In most of cases, the onset of the disease was during pithakaalam.

INTERPRETATION OF SIDDHA PARAMETERS

1. NAADI

In the Naadi examination 90% of cases had Vaatha pitham.

2. Sparism (by palpation)

By palpating the skin, warmth was observed in the affected joint.

3. Naa

On examination, Naa was affected in 100% of cases.

4. Niram (Skin Colour)

25% of cases were having Karuppu Niram 75% of cases were having individuals own colour.

5. Moothiram

(a) Manam (odour) – Inippu Manam

(b) Nurai – Deceased

(c) Niram – (colour) Dark yellow colour of urine was found in all patients

(d) Edai – Increased

(e) Engel – Few pus cells were seen

6. Nei kuri (Urine oil diagnosis)

A drop of gingelly oil was dropped over the urine contained bowl. Soon after there was a gradual spreading of drop like snake with ring.

7. Mukkutra Nilaigal

a) Among the 10 types of vali except Thananjeyan all were affected in 100% of cases.

b) Azhal – Anarpitham, Ranjagam, Praasagam, Aalosagam, were affected in 100% of 20 cases

c) Iyyam – Among the 20 cases Santhigam was affected in 100% of cases. Pothagam and Tharpagam were affected in 80% of cases. Kilethagam was affected in 70% of cases.

8. Udal thathukkal

Saaram, Senneer, Oon, Kozhuppu, Enbu and Moolai were affected in 100 % of cases.

Sukkilam (or) Suronitham was affected in 50% of cases.

INTERPRETATION OF ALLIED PARAMETERS

Blood

Blood sugar was increased in 100% of cases

Hb was decreased in 100% of cases.

Blood total count, Differential count and ESR were normal in all cases.

Urine

Sugar was present in 100% of cases.

Few pus cells were seen in 90% of cases.

In X-Ray Study

Decreased bone density in the humerus.

NOI KANIPPU VIVATHAM

1. Vali Keel Vagu:

“வலிக்குத்தல் வீக்கங் காணும்
வாய்த் தொண்டடை வறட்சி காய்ச்சல்
தலைவலி மார்துடிப்புத்
தாங்கொணா வலி வீக்கந்தான்
நிலவுகாற் கணுக்கு றங்கு
நீடுதோன் முழங்கைக் காற்காம்
மலங்குடற் கட்டு வேர்வை
வாதக்கீல் வாயுவி தாமே”.

In vali keel vayu even though pain in the shoulder associated with swelling, dryness of mouth and throat, fever, Head ache, palpitation, pain and swelling in the ankle, elbow, wrist and kneejoints, shifting nature of pain occur. The special symptoms of **kumba vaatham** such as Boring pain and twitching in the cheek and peri orbital area, giddiness, pain below the pelvis and pain in the tongue.

2. Segana Vaatham:

“கேளுமே கழுத்தின் கீழரைக்கு மேலும்
கெடியான கரமிரண்டு மிகவே நொந்து
வாளுமே சரீரமெலாங் களத்திருக்கும்
வாலிபர்க்கு மனங்கண்ணு மயக்க மாகும்
ஏளுமே யிரண்டு கண்ணு மெரிச்ச லுண்டா
மேற்றமாய் சலந்தானு மறுகிக் காணுந்
தேளுமே கொட்டினது போற்க டுக்கும்
சகனவாக தத்தாண்ட தீர்க்கந் தானே”

In seganavatham even though pain in the shoulder, giddiness and associated with pain occurs from the neck to Hip region, Increased body

weight, burning sensation in the eye, pain all over the body are present. The special symptoms of **kumba vaatham** such as boring and twitching in the cheek and periorbital area, pain below the pelvis and pain the tongue.

NOI KANIPPU VIVATHAM

	Present Symptoms	Absent Symptoms
183.Segana Vatham	Pain in the shoulder, Giddiness	Pain in the neck radiating to the hand
184.Vali keelvayu	Pain in the shoulder	Fever,Shifting nature of pain

Conclusion

CONCLUSION

The clinical study of **KUMBA VAATHAM** is mainly based on siddha diagnostic methods. At the sametime, the author also has conducted modern investigations relevent to **KUMBA VAATHAM**. It reveals that, all the **KUMBA VAATHAM** patients have findings of peri arthritis of shoulder joint.

KUMBA VAATHAM is a disease commonly occurs in pitha and vaatha kaalam of one's life cycle. This is also stressed in Modern science. The incidence of disease was found to be higher in females. Having mixed diet patients are affected mostly. There is 50% of family history is found to this disease. People who are living Maruthanilam are affected mostly. Middle class people are affected mostly.

KUMBA VAATHAM

Pain in the shoulder joint and upper arm, Decrease the tonicity of the muscles of the shoulder joint, Giddiness are the clinical diagnosis. Envagai Thervugal are playing a great role in the diagnostic purpose of **KUMBA VAATHAM**. X-ray Findings are supported for diagnosis of Kumba Vaatham.

Annexure

P.G.NOI NAADAL DEPARTMENT
GOVT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI.

A study to Diagnose “Kumba vaatham” through Siddha

Diagnostic Methodology

PROFORMA

Investigator Name :

1. O.P.No _____ 2. I.P.No _____ 3. Bed No. _____ 4. S.No. _____

5. Date _____ 6. Name _____ 7. Age(years): _____

8. Sex

M	F
---	---

 9. Occupation : _____ 10. Income _____ / month

11. Address

Signature of the
Department Faculty

12. Complaints and duration :

.....
.....
.....

13. History of present illness :

.....
.....
.....

14. Past History :

.....
.....
.....

15. Family History :

.....
.....
.....

16. Personal History

.....
.....
.....

Habits	1.Yes	2.No	
17.Betelnut chewer	:	<input type="checkbox"/>	<input type="checkbox"/> _____
18.Tea	:	<input type="checkbox"/>	<input type="checkbox"/> _____
19.Coffee	:	<input type="checkbox"/>	<input type="checkbox"/> _____
20.Smoking	:	<input type="checkbox"/>	<input type="checkbox"/> _____
21.Alcohol/Drug	:	<input type="checkbox"/>	<input type="checkbox"/> _____
22.High Fatty diet	:	<input type="checkbox"/>	<input type="checkbox"/> _____
23.Food Habits	:	V <input type="checkbox"/> NV <input type="checkbox"/> M <input type="checkbox"/>	_____

GENERAL ETIOLOGY FOR KUMBA VAATHAM

	1.Yes	2.No	
24.Excessive intake of bitter and salt food	<input type="checkbox"/>	<input type="checkbox"/>	_____
25.Sleeping in day time	<input type="checkbox"/>	<input type="checkbox"/>	_____
26.Sleep disturbances in night time	<input type="checkbox"/>	<input type="checkbox"/>	_____
27.Repeated Starvation	<input type="checkbox"/>	<input type="checkbox"/>	_____
28.Increased weight	<input type="checkbox"/>	<input type="checkbox"/>	_____
29.Diabetes Melitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Idiopathic	<input type="checkbox"/>	<input type="checkbox"/>	_____

GENERAL EXAMINATION

31.Weight	<input type="text"/> <input type="text"/> <input type="text"/>	(Kg)
32.Temperature	<input type="text"/> <input type="text"/> <input type="text"/>	(⁰ F)
33.Pulse rate	<input type="text"/> <input type="text"/> <input type="text"/>	/ minute
34.Heart rate	<input type="text"/> <input type="text"/> <input type="text"/>	/ minute
35.Respiratory rate	<input type="text"/> <input type="text"/> <input type="text"/>	/ minute
36.Blood pressure	<input type="text"/> <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> (mmHg)

	1. Present	2. Absent	
37.Pallor	<input type="checkbox"/>	<input type="checkbox"/>	_____
38.Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____
39.Cyanosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
40.Lymphadenopathy	<input type="checkbox"/>	<input type="checkbox"/>	_____
41.Pedal edema	<input type="checkbox"/>	<input type="checkbox"/>	_____
42.Clubbing	<input type="checkbox"/>	<input type="checkbox"/>	_____
43.Jugular venous pulsation	<input type="checkbox"/>	<input type="checkbox"/>	_____

VITAL ORGANS EXAMINATION

	1.Normal	2.Affected	
44.Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
45.Liver	<input type="checkbox"/>	<input type="checkbox"/>	_____
46.Spleen	<input type="checkbox"/>	<input type="checkbox"/>	_____
47.Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
48.Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
49.Kidney	<input type="checkbox"/>	<input type="checkbox"/>	_____
50.Brain	<input type="checkbox"/>	<input type="checkbox"/>	_____

SIDDHA SYSTEM OF EXAMINATION

ENNVAGAI THERVUKAL

NAA

51. Maa Padinthuruthal

1. Present ☐ 2.Absent ☐ _____

52. Niram

1.Karuppu ☐ 2.Manjal ☐ 3.Velluppu ☐ 4. Others _____

53.Suvai

1. Pulippu ☐ 2.Kaippu ☐ 3.Inippu ☐

4.Thuvarppu ☐ 5.Karppu ☐ 6.Uppu ☐

54.Vedippu

1.Present ☐ 2.Absent ☐ _____

55.Vai neer oorai

1.Normal ☐ 2.Excess ☐ 3.Scanty ☐ 4.Absent

56.NIRAM

1.Karuppu ☐ 2.Manjal ☐ 3.Velluppu ☐ 4.Maaniram

57.MOZHI

1.Sama oli ☐ 2.Urattha oli ☐ 3.Thaaazhntha oli ☐

VIZHI

58.Niram

1.Karuppu ☐ 2.Manjal ☐
3.Sivappu ☐ 4.Velluppu ☐ _____

59.Kanneer

1.Normal ☐ 2.Abnormal ☐ _____

60.Erichchal

1.Present ☐ 2.Absent ☐ _____

61.Peelai Seruthal

1.Present ☐ 2.Absent ☐ _____

MEI KURI

62.Veppam

1.Mitha veppam ☐ 2.Migu veppam ☐ 3.Thatpam ☐

63.Viyarvai

1.Normal ☐ 2.Increased ☐ 3.Reduced ☐

64.Thodu vali

1.Present ☐ 2.Absent ☐ _____

MALAM

65. Niram

1.Karuppu ☐

2.Manjal ☐

3.Sivappu ☐

4.Velluppu ☐

66. Thanmai

1. Ilagal ☐

2. Irugal ☐

3. Thin ☐

4. Bulky ☐

67.Alavu

1.Normal ☐

2.Decreased ☐

3. Increased ☐

68.Kalichchal

1.Present ☐

2.Absent ☐

69.Seetham

1.Present ☐

2.Absent ☐

70.Vemmai

1.Present ☐

2.Absent ☐

MOOTHIRAM - Siruneer

NEER KURI

71.Niram

1.Venmai ☐

2.Manjal ☐

3.Sivappu ☐

72.Manam

1.Present ☐

2.Absent ☐

73.Nurai

1.Normal ☐

2.Increased ☐

3.Reduced ☐

74.Edai (Ganam)

1.Normal ☐

2.Increased ☐

3.Reduced ☐

75.Enjal (Alavu)

1.Normal ☐

2.Increased ☐

3.Reduced ☐

4. Thadavai

a.Day ☐

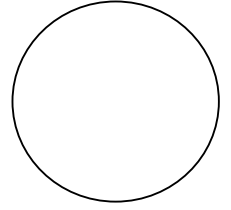
b.Night ☐

76.NEI KURI

- 1.Aravam ☐
3.Muthu ☐
5.Aravil Muthu ☐
7.Mothirathil Muthu ☐
9.Muthil Mothiram ☐
11.Mellenap paraval ☐

- 2.Mothiram ☐
4.Aravil Mothiram ☐
6.Mothirathil Aravam ☐
8.Muthil Aravam ☐
10.Asathiyam ☐

Diagram



NAADI (KAI KURI)

1.Naadi Nithanam

77.Kaalam

- 1.Kaarkalam ☐
3.Munpanikaalam ☐
5.Ilavenirkaalam ☐
2.Koothikaalam ☐
4.Pinpanikaalam ☐
6.Muthuvenirkaalam ☐

78.Desam

- 1.Kulir ☐
2.Veppam ☐

79.Vayathu

1. 1-33 Yrs ☐ 2. 34 – 66 Yrs ☐ 3. 67-100 Yrs ☐

80.Udal Vanmai

- 1.Iyalbu ☐ 2.Valivu ☐ 3.Melivu ☐

81.Nadiyin Vanmai

- 1.Vanmai ☐ 2.Menmai ☐

82. Nadiyin Panbu

- 1.Thannadai ☐ 2.Puranadai ☐ 3.Illaitthal ☐
4.Kathithal ☐ 5.Kuthithal ☐ 6.Thullal ☐
7.Azhutthal ☐ 8.Padutthal ☐ 9.Kalatthal ☐
10.Munnokku ☐ 11.Pinnokku ☐ 12.Suzhalal ☐
13.Pakkamnokku ☐

83.Naadi nadai

1.Vali	<input type="checkbox"/>	2.Azhal	<input type="checkbox"/>	3.Iyam	<input type="checkbox"/>
4.Vali Azhal	<input type="checkbox"/>	5.Vali Iyam	<input type="checkbox"/>	6.Azhal Vali	<input type="checkbox"/>
7.Azhal Iyam	<input type="checkbox"/>	8.Iya vali	<input type="checkbox"/>	9.Iya Azhal	<input type="checkbox"/>
10.Sanni	<input type="checkbox"/>				

84.Manikkadai Nool (Viral Kadai Alavu)

Iymporigal / Iympulangal

1.Normal 2.Affected

85.Mei/Ooru	<input type="checkbox"/>	<input type="checkbox"/>	
86.Vaai/Suvai	<input type="checkbox"/>	<input type="checkbox"/>	
87.Kan/Parvai	<input type="checkbox"/>	<input type="checkbox"/>	
88.Mookku/Naatram	<input type="checkbox"/>	<input type="checkbox"/>	
89.Sevi/Osai	<input type="checkbox"/>	<input type="checkbox"/>	

KANMENTHIRIYANGAL / KANMAVIDAYANGAL

1.Normal 2.Affected

90.Kai/Dhaanam	<input type="checkbox"/>	<input type="checkbox"/>	
91.Kaal/Gamanam	<input type="checkbox"/>	<input type="checkbox"/>	
92.Vaai/Vasanam	<input type="checkbox"/>	<input type="checkbox"/>	
93.Eruvaai/Visarkkam	<input type="checkbox"/>	<input type="checkbox"/>	
94.Karuvaai /Aanandham	<input type="checkbox"/>	<input type="checkbox"/>	

95. YAAKAI

1.Vali	<input type="checkbox"/>	2.Azhal	<input type="checkbox"/>	3.Iyam	<input type="checkbox"/>
4.Valiazhal	<input type="checkbox"/>	5.Valiiyam	<input type="checkbox"/>	6.Azhalvali	<input type="checkbox"/>
7.Azhaliyam	<input type="checkbox"/>	8.Iyavali	<input type="checkbox"/>	9.Iyaazhal	<input type="checkbox"/>

96. GUNAM

1.Sathuva Gunam	<input type="checkbox"/>	2.Rasatha Gunam	<input type="checkbox"/>	3.Thamasa Gunam	<input type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------------	--------------------------

UYIR THATHUKKAL

I.Vali

1.Normal 2.Affected

97.Uyirkkaal (Praanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
98.Keelnokkukkaal (Abaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
99.Paravukaal (Viyaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
100.Melnokkukkaal (Udhaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
101.Nadukkaal (Samamum)	<input type="checkbox"/>	<input type="checkbox"/>	_____
102.Vaanthikkaal (Naahan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
103.Vizhikkaal (Koorman)	<input type="checkbox"/>	<input type="checkbox"/>	_____
104.Thummikkaal (Kirukaran)	<input type="checkbox"/>	<input type="checkbox"/>	_____
105.Kottavikaal (Devathathan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
106.Veengukkaal (Dhananjeyan)	<input type="checkbox"/>	<input type="checkbox"/>	_____

II. Azhal

1.Normal 2.Affected

107.Aakkanal (Anala pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
108.Ollolithee (Prasaka pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
109.Vannaeri (Ranjaka pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
110.Nokkazhal(Aalosaka pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
111.Aatralangi (Saathaka pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____

III. Iyam

1.Normal 2.Affected

112.Aliiyam (Avalambagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
113.Neerpiiyam (Kilethagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
114.Suvaikaaniyam (Pothagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
115.Niraivuiyam (Tharpagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
116.Oadriiyam (Santhigam)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Udal thathukkal

1.Normal 2.Affected

117.Saaram	<input type="checkbox"/>	<input type="checkbox"/>	_____
118.Senneer	<input type="checkbox"/>	<input type="checkbox"/>	_____
119.Oon	<input type="checkbox"/>	<input type="checkbox"/>	_____
120.Kozhuppu	<input type="checkbox"/>	<input type="checkbox"/>	_____
121.Enbu	<input type="checkbox"/>	<input type="checkbox"/>	_____
122.Moolai	<input type="checkbox"/>	<input type="checkbox"/>	_____
123.Suronitham / Sukkilam	<input type="checkbox"/>	<input type="checkbox"/>	_____

MUKKUTRA MIGU GUNAM**I. Vali Migu Gunam**

1.Present

2.Absent

124.Emaciation	<input type="checkbox"/>	<input type="checkbox"/>
125.Blackish colouration of the body	<input type="checkbox"/>	<input type="checkbox"/>
126.Desire to take hot food	<input type="checkbox"/>	<input type="checkbox"/>
127.Tremors	<input type="checkbox"/>	<input type="checkbox"/>
128.Abdominal distension	<input type="checkbox"/>	<input type="checkbox"/>
129.Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
130.Weakness	<input type="checkbox"/>	<input type="checkbox"/>
131.Weakness of sense organs	<input type="checkbox"/>	<input type="checkbox"/>
132.Giddiness	<input type="checkbox"/>	<input type="checkbox"/>
133.Sluggishness	<input type="checkbox"/>	<input type="checkbox"/>
134.Constipation	<input type="checkbox"/>	<input type="checkbox"/>

II. Azhal Migu Gunam

1.Present

2.Absent

135.Yellowish discolouration of the skin	<input type="checkbox"/>	<input type="checkbox"/>
136.Yellowish discolouration of the eye	<input type="checkbox"/>	<input type="checkbox"/>
137.Yellowish discolouration of urine	<input type="checkbox"/>	<input type="checkbox"/>
138.Yellowish discolouration of skin	<input type="checkbox"/>	<input type="checkbox"/>
139.Increased appetite	<input type="checkbox"/>	<input type="checkbox"/>

140. Burning sensation in the body	<input type="checkbox"/>	<input type="checkbox"/>
141. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>

III. Iyam Migu Gunam

1. Present

2. Absent

142. Excessive salivation	<input type="checkbox"/>	<input type="checkbox"/>
143. Eraippu (dyspnoea)	<input type="checkbox"/>	<input type="checkbox"/>
144. Heaviness of the body	<input type="checkbox"/>	<input type="checkbox"/>
145. Whiteness of the body	<input type="checkbox"/>	<input type="checkbox"/>
146. Chrillness of the body	<input type="checkbox"/>	<input type="checkbox"/>
147. Reduced appetite	<input type="checkbox"/>	<input type="checkbox"/>
148. Cough	<input type="checkbox"/>	<input type="checkbox"/>
149. Increased sleep	<input type="checkbox"/>	<input type="checkbox"/>
150. Sluggishness	<input type="checkbox"/>	<input type="checkbox"/>
151. State of Mukkutram	Vali <input type="checkbox"/> Azhal <input type="checkbox"/> Iyam <input type="checkbox"/>	<input type="text"/>

152. NOI UTRA KAALAM

1. Kaarkaalam	<input type="checkbox"/>	2. Koothirkaalam	<input type="checkbox"/>
3. Munpanikaalam	<input type="checkbox"/>	4. Pinpanikaalam	<input type="checkbox"/>
5. Ilavenirkaalam	<input type="checkbox"/>	6. Muthuvenirkaalam	<input type="checkbox"/>

153. Noi utra nilam

1. Kurinji	<input type="checkbox"/>	2. Mullai	<input type="checkbox"/>	3. Marutham	<input type="checkbox"/>
4. Neithal	<input type="checkbox"/>	5. Paalai	<input type="checkbox"/>		

154. Date of Birth

155. Time of Birth a.m/p.m

156. Place of Birth

157. Pirantha Thinai

158. Natchathiram

1. Aswini	<input type="checkbox"/>	2. Barani	<input type="checkbox"/>	3. Karthikai	<input type="checkbox"/>
4. Rohini	<input type="checkbox"/>	5. Mirugaseeridam	<input type="checkbox"/>	6. Thiruvathirai	<input type="checkbox"/>

- | | | | | | |
|-----------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|
| 7. Punarpoosam | <input type="checkbox"/> | 8. Poosam | <input type="checkbox"/> | 9. Aayilam | <input type="checkbox"/> |
| 10. Makam | <input type="checkbox"/> | 11. Pooram | <input type="checkbox"/> | 12. Utthiram | <input type="checkbox"/> |
| 13. Astham | <input type="checkbox"/> | 14. Chithirai | <input type="checkbox"/> | 15. Swathi | <input type="checkbox"/> |
| 16. Visakam | <input type="checkbox"/> | 17. Anusam | <input type="checkbox"/> | 18. Kettai | <input type="checkbox"/> |
| 19. Moolam | <input type="checkbox"/> | 20. Pooradam | <input type="checkbox"/> | 21. Uthiradam | <input type="checkbox"/> |
| 22. Thirvonam | <input type="checkbox"/> | 23. Avittam | <input type="checkbox"/> | 24. Sadayam | <input type="checkbox"/> |
| 25. Poorattathi | <input type="checkbox"/> | 26. Utthirattathi | <input type="checkbox"/> | 27. Revathi | <input type="checkbox"/> |
| 28. Not known | <input type="checkbox"/> | | | | |

159. Paatham 1. ☐ I 2. ☐ II 3. ☐ III 4. ☐ IV

160. Raasi

- | | | | | | |
|--------------|--------------------------|---------------|--------------------------|-------------|--------------------------|
| 1. Mesam | <input type="checkbox"/> | 2. Rishabam | <input type="checkbox"/> | 3. Midhunam | <input type="checkbox"/> |
| 4. Kadakam | <input type="checkbox"/> | 5. Simmam | <input type="checkbox"/> | 6. Kanni | <input type="checkbox"/> |
| 7. Thulam | <input type="checkbox"/> | 8. Viruchiham | <input type="checkbox"/> | 9. Dhanusu | <input type="checkbox"/> |
| 10. Maharam | <input type="checkbox"/> | 11. Kumbam | <input type="checkbox"/> | 12. Meenam | <input type="checkbox"/> |
| 13 Not knowm | <input type="checkbox"/> | | | | |

161. Shoulder joint examination Present Absent

- | | | |
|------------------|--------------------------|--------------------------|
| Flexion | <input type="checkbox"/> | <input type="checkbox"/> |
| Extension | <input type="checkbox"/> | <input type="checkbox"/> |
| Abduction | <input type="checkbox"/> | <input type="checkbox"/> |
| Adduction | <input type="checkbox"/> | <input type="checkbox"/> |
| Medial rotation | <input type="checkbox"/> | <input type="checkbox"/> |
| Lateral rotation | <input type="checkbox"/> | <input type="checkbox"/> |
| Circumduction | <input type="checkbox"/> | <input type="checkbox"/> |

INVESTIGATION

162.TC (cells / cumm)

163.DC (%) 1.P 2.L 3.E

4.B 5.M

164.Hb (gms%)

165.E.S.R. (mm/hr) 1.1/2hr 2.1hr

166.Blood Sugar (R) (mgs%)

URINE

167.Albumin 0.Nil 1.Trace 2.+

3.++ 4.+++

168.Sugar 0.Nil 1.Trace 2.+

3.++ 4.+++ 5.++++

1.Present 2.Absent

169.Pus cells _____

170.Epithelial cells _____

171.RBCs _____

172.Crystals _____

MOTION TEST

1.Present 2.Absent

173. Ova _____

174. Cyst _____

175. Occult blood _____

176. X-Ray, Shoulder joint

CLINICAL SYMPTOMS OF KUMBA VATHAM

	Present	Absent
177.Pain in the shoulder	<input type="checkbox"/>	<input type="checkbox"/>
178.Decrease the tonicity of muscles in the shoulder joint and upper arm	<input type="checkbox"/>	<input type="checkbox"/>
179.Boring pain and twitching in the cheek and peri orbital area	<input type="checkbox"/>	<input type="checkbox"/>
180.Giddiness	<input type="checkbox"/>	<input type="checkbox"/>
181.Pain below the pelvis	<input type="checkbox"/>	<input type="checkbox"/>
182.Pain in the tongue	<input type="checkbox"/>	<input type="checkbox"/>

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